4

BATTLE ROSTER #: _____ 4

EVAC: ☐ **Urgent** ☐ **Priority** ☐ **Routine**

5

Treatments: (**X** all that apply, and fill in the blank) ***Type*** 5

C: TQ- ☐ **Extremity** ☐ **Junctional** ☐ **Truncal** _____

Dressing- ☐ **Hemostatic** ☐ **Pressure** ☐ **Other** _____

A: ☐ **Intact** ☐ **NPA** ☐ **CRIC** ☐ **ET-Tube** ☐ **SGA** _____

B: ☐ **O2** ☐ **Needle-D** ☐ **Chest-Tube** ☐ **Chest-Seal** _____

C:

	Name	***Volume***	***Route***	***Time***
Fluid				
Blood Product				

6

MEDS:

	Name	***Dose***	***Route***	***Tim*** 6
Analgesic (e.g., Ketamine, Fentanyl, Morphine)				
Antibiotic (e.g., Moxifloxacin, Ertapenem)				
Other (e.g., TXA)				

OTHER: ☐ **Combat-Pill-Pack** ☐ **Eye-Shield (**☐ **R** ☐ **L)** ☐ **Splint**
☐ **Hypothermia-Prevention** **Type:** _____

7

NOTES: 7

8

FIRST RESPONDER 8
NAME (Last, First)**:** _____ **LAST 4:** _____

DD Form 1380, JUN 2014 (Back) **TCCC CARD**